
WISCONSIN MEDICAID UPDATE

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UPDATE 95-20

TO:
Home Health Agencies

PRN Visits - Changes in Prior Authorization Procedures and Guidelines

Changes Effective Immediately

You can reduce the number of prior authorization amendment submissions if you request multiple PRN visits that are needed over the course of the prior authorization period. You no longer have to request PRN visits in a frequency of *per week or month*.

For example:

W9930 Home Health Nursing (HHN) Initial, 1 visit q.o. week x 53 weeks, plus 4 PRNs

After using all the PRN visits granted, submit an amendment for more PRN visits including documentation on how each previously granted PRN visit was used and the date the PRN visit was made.

For example:

9/3/94 - PCW called to report new red rash under patient's breasts. HHN assessed, obtained orders for antifungal cream, and instructed patient in its use.

11/4/94 - PRN HHN visit needed to restart peripheral IV (line occluded).

Physician Order Formats for PRN Visits

PRN visits require physician's orders. Orders must state when the visits are to be used, based on patient-centered parameters.

For example:

HHN 1 visit/month for Foley changes, plus 6 PRNs/year for cath problems or indications of potential UTI, such as temperature over 101.5°F.

Physician orders may indicate a range of visits. This is helpful when the quantity needed varies frequently due to family availability to provide care. Orders indicating a range of visits must clearly state when and why the frequency varies.

For example:

HHA 1-3 visits (3-9 hrs)/day; 1v (3 hrs) on school days, 3v (9hrs) when not in school and parents not available to provide care.

Medical Necessity Guidelines for PRN Visits

You must maintain records indicating what service you provided, when you provided the service, and why the service was medically necessary.

You may only bill for PRN visits when the service is covered, and medically necessary and appropriate, as described in Wisconsin Administrative Code and in Part L, Division II of the Home Health Provider Handbook.

For example:

Caregiver reports recipient has a cut hand. Recipient is not homebound and is able to have hand treated at physician clinic. HHN PRN visit is not covered because the recipient is not homebound.

A one-time PRN visit may be medically necessary to assess and evaluate the medical condition of the recipient in response to the home health aide, personal care worker, recipient, or recipient's family expressing concern that the recipient's medical condition may have changed and nursing intervention may be required. This assessment visit may be covered whether or not the visit actually results in intervention or a change in the care plan.

For example:

A one-time PRN visit may be medically necessary to assess and evaluate when a recipient's family reports the recipient fell and has vague complaints of "soreness."

PRN visits are covered based on medical necessity, and must be scheduled to consolidate services as much as possible to meet this requirement.

For example:

If 2 HHN v/wk are scheduled for wound assessment (with wound care delegated to the HHA), Tuesday's wound assessment may not be medically necessary when the RN makes a visit on Monday to assess the recipient's need for treatment of a fever.

Extra visits to complete a service normally provided in one visit are not medically necessary.

For example:

An additional HHN visit to redraw a lab specimen due to problems with the previous specimen is not medically necessary because it is duplicative of a visit already made for the same purpose.

Do not use PRN visits to bill for visits to supervise or train HHAs and PCWs.

For example:

A new problem becomes evident during an HHA supervisory visit, but there is no nursing intervention done during the supervisory visit. An HHN PRN visit is not covered because an assessment is part of the supervisory visit.